



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

I certify that the attached records are a true copy of Ohio Board of Nursing disciplinary records.

Betsy J. Houchen

Betsy Houchen, R.N., M.S., J.D.
Executive Director





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17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

May 19, 2014

Judith A Lamp
1136 Lee Ave
Port Clinton, OH 43452

Dear Ms. Lamp:

This letter is to inform you that the Ohio Board of Nursing voted by a majority to accept the Voluntary Retirement at the May 16, 2014 Board meeting. A copy of the executed Voluntary Retirement is enclosed for your records.

Please feel free to call Lisa Ferguson-Ramos, Compliance Manager at (614) 995-3635 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Betsy J. Houchen".

Betsy J. Houchen, R.N., M.S., J.D.
Executive Director

LFR/mam

Enclosure



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VOLUNTARY RETIREMENT FROM THE PRACTICE OF NURSING IN THE STATE OF OHIO

I, **JUDITH ANN LAMP, R.N., C.N.M.**, am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, **JUDITH ANN LAMP, R.N., C.N.M.**, wish to retire from the practice of nursing in the State of Ohio and do hereby voluntarily, knowingly, and intelligently surrender my license to practice nursing as a registered nurse, RN-132251, and my certificate of authority to practice as a certified nurse midwife, COA-06328, and my certificate to prescribe, RX-06328, to the Ohio Board of Nursing, thereby relinquishing all rights to practice nursing in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice nursing in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for re-registration, reinstatement, or restoration of my license to practice nursing as a registered nurse, RN-132251, my certificate of authority to practice as a certified nurse midwife, COA-06328, or my certificate to prescribe, RX-06328, or issuance of any other license and/or certificate pursuant to Chapter 4723, Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Nursing in the State of Ohio. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, **JUDITH ANN LAMP, R.N., C.N.M.**, hereby release the Ohio Board of Nursing, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks, and governmental bodies.

I stipulate and agree that I am taking this action in lieu of formal disciplinary proceedings involving violations of Section 4723.28(B)(10) and (B)(19) of the Ohio Revised Code. I further stipulate that I have requested to voluntarily retire my nursing license.

JUDITH ANN LAMP, R.N., C.N.M.

Page 2

It is expressly understood that this Voluntary Retirement is subject to ratification by the Board prior to signature by the Board President and shall become effective upon the last date of signature below.

Signed this 28th day of April, 2014.

RECEIVED
OHIO BOARD OF NURSING
2014 APR 30 PM 3:58

Judith Ann Lamp
JUDITH ANN LAMP, R.N., C.N.M.
Judith Ann Lamp

WITNESS

WITNESS

(This form must be either witnessed OR notarized)

Sworn to and subscribed before me this 28 day of April, 2014.



HEATHER JACKSON
(SEAL) Notary Public
State of Ohio
My Commission Expires Oct. 24, 2018

Heather A. J.
NOTARY PUBLIC 4-28-14

Accepted by the Ohio Board of Nursing:

Betsy J. Houchen

BETSY HOUCHEM, R.N., J.D.
Executive Director

Judith A. Church, DHA, MSN, RN

JUDITH A. CHURCH, D.H.A., M.S.N., R.N.
President

5/16/2014
DATE

5/16/2014
DATE